## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where approximate. All further correspondence including the Palent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

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Legal Department 930 Clopper Road Gaithersburg, MD 20878 Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers, Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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-	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO				
	10.551,103	10/16/2006	John C. Bell	1804TB-PCTUS	1653				

THE F OF INVENTION: MUTANT VESICULAR STOMATITIS VIRUSES AND USES THEREOF

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	S0	\$1810	03/30/2010
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
MOSHE	R. MARY	1648	424-199100	•		
Change of correspondence address or indication of "Fee Address" (37 CFR 1 503).  Change of correspondence address (or Change of Correspondence Address form \$100\text{SH}\text{22}\text{34}\text{attack}.  "Fee Address" indication (re 'Fee Address' Indication form \$P10\text{SH}\text{2}\text{; key 03-10}\text{ or more recent)}\text{ attack}.  under the contract of the		(2) the name of a single registered attorney or	a 3 registered patent attorn vely, the firm (having as a memb agent) and the names of u sneys or agents. If no nam	cra 2 Lewis J. I	A. Golightly Kreisler	

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNLE

Ottawa Hospital Research Institute Ottawa, Ontario, Canada

Gaithersburg, Maryland, USA Wellstat Biologics Corporation

Please cheek the appropriate assignce category or categories (will not be printed on the patent): 🔲 individual 🐱 Corporation or other private group entity 🗀 Covernment

ia. The following feets) are submitted: 4b. Payment of Fcc(s) (Please first reapply any previously paid issue fee shown above) Josue Fee
Publication Fee (No small entity discount permitted) A check is enclosed.

Payment by credit card. Form PTO-2038 is attached The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1677 (enclose an extra copy of this form) Advance Order - # of Copies

Change in Entity Status (from status indicated above)

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). Ma. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE. The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Douglas A. Golightly/	Date Martch 29, 2010		
Typed or printed name. Douglas A. Golightly	Registration No. 51,244		

This collection of information is required by 37 CFR 1,311. The information is required to obtain or relatin a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and estimating are completed application from the tLSPTO. Three with tray depending upon the individual sease. Any comments on the complete in complete is completed application of times that region for the complete in the co

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